

Squire Patton Boggs (US) LLP 2550 M Street, NW Washington, DC 20037

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Monica S. Desai T +1 202 457 7535 Monica.desai@squirepb.com

July 1, 2014

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554

Re: Adak Telephone Utility

FCC Form 481 – WC Docket Nos. 10-90 and 11-42

Dear Ms. Dortch:

Monica Desai of Squire Patton Boggs, LLP, hereby files FCC Form 481 on behalf of Adak Telephone Utility. Pursuant to the Protective Order adopted in the above-referenced proceeding, please find enclosed one copy of the confidential version of this filing, and two copies of the public version of this filing in redacted form with an accompanying copy of this cover letter.

Each page of the confidential version bears the legend "CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN Docket No. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

The copies of the public version and the accompanying cover letter bear the legend "REDACTED – FOR PUBLIC INSPECTION."

Two copies of the confidential version of this filing also are being directed to Mr. Charles Tyler of the Telecommunications Access Policy Division – Wireline Competition Bureau, as required by the Protective Order.

Squire Patton Boggs (US) LLP
July 1, 2014

Should you have any questions with respect to the filing, please contact the undersigned.

Respectfully submitted,

Monica S. Desai Squire Patton Boggs, LLP 2550 M Street, NW

Washington, DC 20037

202-457-7535

Counsel to Adak Eagle Enterprises

cc: Charles Tyler

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	610989	
<015>	Study Area Name	ADAK TEL UTILITY	
<020>	Program Year	2015	
<030>		Andilea Weaver	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9072220844 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	aweaver@adaktu.net	
		Andrew war on the 14 to a con-	54.313 54.422
ANNIIA	AL REPORTING FOR ALL CARRIERS		Completion Completion
MINION	REFERENCE OF ALL CARRIERS		(check box when complete)
<100>	Service Quality improvement Reporting	(complete attached	worksheet)
<200>	Outage Reporting (voice)	(complete attached	worksheet)
<210>	< check box if n	o outages to report	·
<300>	Unfulfilled Service Requests (voice)		
<310×	Detail on Attempts (voice)		
1310>	betail on Attempts (voice)		
			(attach descriptive document)
			v (11111)
<320>	Unfulfilled Service Requests (broadband) 0		
~22 0 >	Detail on Attempts (broadband)		
<330>	Detail of Attempts (broadbaild)		(attach descriptive document)
	Number of Complaints per 1,000 customers (voice)		
<410> <420>	Fixed 0.0		
<430>		Band)	
<440>	Fixed 0.0		
<450> <500>	Familia Quality Standards R. Canauman Dustration I	Ruies Compliance (check to indicate	certification)
\ 3002			
<510>		(attached descri	riptive document)
		,3133723	, and a security
	12		
<600>	Functionality in Emergency Situations	(check to indicate	certification)
		(attached descripti	ive document)
<610>			
<700×	Company Price Offerings (voice)	/socialists attribute	v Allinia
	Company Price Offerings (Voice) Company Price Offerings (broadband)	(complete attache (complete attache	180000
	Operating Companies and Affiliates	(complete attache	
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attache	
<1000	> Voice Services Rate Comparability	(check to indicote	e certification)
	1		
<1010)>	(attach descripti	ve document)
<1100	> Terrestrial Backhaul (Y/N)?	(if not, check to indicat	re certification)
<1110	>	lanmalaka -44h	ad unrichest
	> Terms and Condition for Lifeline Customers	(complete attach (complete attach	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Price Cap Carriers, Proceed to Price Cap Additiona		0. 4. 4. 4. 4. 4.
	Including Rate-of-Return Carriers affiliated with I	Price Cap Local Exchange Carriers	
<2000		(check to Indicate	
<2005:	> Rate of Return Carriers, Proceed to ROR Addition:	(complete attache	ed worksheet)
<3000		al Documentation worksneet (check to indicate	e certification)
<3005		(complete attachi	

<113> <114>	<112>	<111>	<110>	<039>	<035>	<030>	<020>	<015>	<010>	(100) Se Data Co
Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	Has your company received its ETC certification from the FCC?	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(100) Service Quality Improvement Reporting Data Collection Form
Name of Attached Document t	f 610989 AK Network Improvement.pdf	(yes / no) O O	(yes / no) • •) aweaver@adaktu.net	> 9072220844 ext.	Andilea Weaver	2015	ADAK TEL UTILITY	610989	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<116>

How (USF) was used to improve service capacity

How (USF)was used to improve service coverage

Provide an explanation of network improvement targets not met in the prior calendar year.

<118> <117>

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										Number	NORS Reference	4 3>	Contact Email	Contact Telep	COHESCE Manne	Contact Name	Program Year	Study Area Name	Study Area Code
										Date	Outage Start	61 >	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	C F C C SOLL OWNER	Contact Name - Person USAC should contact regarding this data		me	de
										lime	Outage Start Outage Start Outage End	<b2></b2>	Address of pe	Number of pe	allouid collect	should contac			
										Date	Outage End	4 b3>	rson identified	rson identified	Our modern	t regarding this			
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										Costolliels Miseried	Number of	<c1></c1>	30> aweaver@adaktu.net			Andilea Weaver	2015	ADAK TEL UTILITY	610989
										Customers		<2>	aktu.net		PXT	aver		TILITY	
										(Yes / No)	911 Facilities	d√							
										all that apply)	Service Outage	<e></e>							
										(Yes / No)	Affect Multiple Study Areas	\$							
										Resolution	Service Outage	<g>></g>							
										Procedures	Preventative	\$\h							

	OMB Control No. 3060-0986/OMB Control No. 3060-0819
ata Conection Form	July 2013

	<035> Contact Telepho	<030> Contact Name -	<020> Program Year	<015> Study Area Name	<010> Study Area Code	
CORON and each of healthcare of posterior identified in data line control	Contact Telephone Number - Number of person identified in data line <030> 9072220844 ext.	<030> Contact Name - Person USAC should contact regarding this data		Te .	e e	
aweaver@adaktu.net	9072220844 ext.	Andilea Weaver	2015	ADAK TEL UTILITY	610989	

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	CTPS	703	Single State-wide	Residential Local
	100	137	Single State-wide Residential Local Service Charge	<701> Residential Local Service Charge Effective Date
	-CB>	<=3> <h1></h1>	Service Charge	fective Date
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														Exchange (ILEC)		42>
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									See a					Total Alec Marc	Residentiai Locai	<b2></b2>
									See attached worksheet						State Subscriber Line Charge	<b3></b3>
															State Universal Service Fee	<b4></b4>
															Mandatory Extended Area Service Charge	<ca><</ca>
															Total per line Rates and Fees	6

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(710) Broadband Pric	<010> Study	- 1			- 1					ŢŢ	_	TT	\top	\neg	T		
(710) Broadband Price Offerings Data Collection Form	Study Area Code	Study Area Name	Program Year	ct Name - Person USA	ct Telephone Number	ct Email Address - Em		n n									
				Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	3										
				nis data	d in data line <030>	ed in data line <030>	À.	Residential Rate									
	610989	ADAK TEL UTILITY	2015	Andilea Weaver	9072220844 ext.	aweaver@adaktu.net	()	State Regulated		See attached	worksheet -						
		Y				.net	6	Total Rate and Fees		ned							
							€	Broadband Service - Download Speed (Mbps)									
FCC Form 481 OMB Control July 2013							€	Broadband Service -									
1481 htrol No. 3060-0986/							¢d3>	Usage Allowance									
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013							(14)	Usage Allowance Action Taken When Limit Reached (select)									

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eet	See attached worksheet	See atta		
Doing Business As Company or Brand Designation	SAC	٠	A	
<33>	<a2></a2>		3>	<813>
				<812>
				<811>
			O> Reporting Carrier Adak Telephone Utility	<810>
	u.net	aweaver@adaktu.net	- 1	<039>
		90/2220844 ext.		<035>
	H	Andilea Weaver	1	<030>
		2015	1	<020>
	ITY	ADAK TEL UTILITY	1	<015>
		610989	0> Study Area Code	<010>
July 2013			CONTENTION	Date Co
OMB Control No. 3060-0986/OMB Control No. 3060-0819			Table Called Communication Com	
FCC Form 481			(800) Operating Companies	(800) O

7

(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	686019
	ADAK TEL UTILITY
-	2015
	ding this data Andilea Weaver
	entified in data line <030> 9072220844 ext.
	lentified in data line <030> aweaver@adaktu.net
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	
	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes	or each these boxes
to confirm the status described on the attached document pursuant to	to Select
gemonstrates coordination with the fillual government pursuant to § 54.313(a)(9) includes:	
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	K K
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
•	resses
polanca in the range of the control	

(1100) N Data Coll	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

Please check this box to confirm no terrestrial backhaul <1120> options exist within the supported area pursuant to § 54.313(G)

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Please check this box to confirm the reporting carrier offers

41130> broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

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Page 8

<1220> Link		<1210> Terms		<039> Conta	<035> Conta	<030> Conta	<020> Progra	<015> Study Area Name	<010> Study	(1200) Terms and Cor Lifeline Data Collection Form
tion to Duhlic Website		<1210> Terms & Conditions of Voice Telephony Lifeline Plans		Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Area Name	Study Area Code	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form
**************************************	Name of Attached Document		610989 AK 1210 Lifeline Terms & Condt.pdf	aweaver@adaktu.net	9072220844 ext.	Andilea Weaver	2015	ADAK TEL UTILITY	610989	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

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<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

<

(2000) Pa Data Coll Including	(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	<010> Study Area Code	686019
<015>	<015> Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2015
<030>	<030> Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 9072220844 ext.	9072220844 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> aweayer@adaktu.net	aweayer@adaktu.net

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and the Cost support to offset access charge reductions.

	<2021>	<2020>	<2019>	<2017> <2018>	<2016>	<2012> <2013> <2014> <2015>	<2010>
	Interim Progress Community Anchor Institutions	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Interim Progress Certification	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification	Incrementai Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))
Name of Attached Document Listing Required Information		quired information	C				

Carried and Comment I down Dominal Information	
	(3026) Attach the worksheet listing required information
h Flows	(3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
0((3023) Underlying information subjected to a review by an independent certified public accountant
] [(30.22) Copy of their manical statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
]	
rformed the company's financial audit.	(3021) Management letter issued by the independent certified public accountant that performed the company's financial audic
th Flows	(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
mat comparable to RUS Operating Report for Telecommunications	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3019)
Name of Attached Document Listing Required information (Yes/No)	(3018) If the response is no on line 3014, is your company audited?
	(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation
Flows 610989 AK 3017 RUS 479.pdf	(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
ÎĒ	(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
contains the required information pursuant to § 54.313(f)(2) compliance requires:	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compilance requires:
Name of Attached Document Listing Required Information (Yes/No)	(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54,313(f)(2)) (3014) If yes, does your company file the RUS annual report
	(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))
12 contains the required information pursuant to ses of community anchor institutions to which began	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to (3011) § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
Name of Attached Document Listing Required Information	(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))
CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	CHECK the boxes below to note compliance on its five year service quality plan (pursuan CFR § 54.313(f)(2). I further certify that th
9072220844 ext. awgaverfadaktu.net	<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030>
	1
ADAK TEL UTILITY	
686019	<010> Study Area Code
յսկ 2013	DRIA CONSTANT FOR IN
OMB Control No. 3060-0986/OMB Control No. 3060-0819	(300) Rate Of Return Carrier Additional Documentation
FCC Form 481	

THE RESIDENCE OF THE PARTY OF T	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control N July 2013	lo. 3060-0819			
<010>	Study Area Code	610989				
<015>	Study Area Name	ADAK TEL UTILITY				
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver				
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net				

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilitiecipients; and, to the best of my knowledge, the information report	es include ensuring the accuracy of the annual reporting requirements for universal service supped on this form and in any attachments is accurate.
Name of Reporting Carrier: ADAK TEL UTILITY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 6/1/201
Printed name of Authorized Officer: Andilea Weaver	380
litle or position of Authorized Officer: VF/COO	
Telephone number of Authorized Officer: 9072220844 ext.	
Study Area Code of Reporting Carrier: 610989	Filing Due Date for this form: 07/01/2014

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	610989	117
<015>	Study Area Name	ADAK TEL UTILITY	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Aut	orize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reporting carrier responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized at a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form o	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 b , or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agen	t Authorized to File Annual Reports for CAF or Li Recipien	ts on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am au	thorized to submit the annual reports for universal service support r	eciplents on behalf of the reporting carrier; I have provided
	e reporting carrier; and, to the best of my knowledge, the information	
lame of Reporting Carrier:		
iame of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent:		Date:
rinted name of Authorized Agent or Employee of Agent	4	
itle or position of Authorized Agent or Employee of Age	nt	
elephone number of Authorized Agent or Employee of a	Agent:	
	Filing Due Date for this form:	

Attachments

Network Improvement Plan Pages 15 – 22 Redacted for Public Inspection

								100	
(700) Pri	(700) Price Offerings in Data Collection Form	(700) Price Offerings Including Voice Rate Data Data Collection Form	Š					OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	B Control No. 3060-0819
) 	į		610989				377
<015>	Study Area Name	Name			ADAK TEL UTILITY	TILITY			
<020>	Program Year	ar .			2015				
<030>	Contact Nar	Contact Name - Person USAC should contact regarding this data	contact regard	ling this data	Andilea Weaver	aver			
<035>	Contact Tel	Contact Telephone Number - Number of person Identified in data line <030>	r of person ide	ntified in data line		4 ext.			
<039>	Contact Em	Contact Email Address - Email Address of person identified in data line <030>	s of person id	entified in data line		daktu.net			
<701>	Residential	Residential Local Service Charge Effective Date	tive Date	1/	-				
<702>	Single State	Single State-wide Residential Local Service Charge	rvice Charge	40.6	.6				
<703>									
	<11>	G2>	<a3></a3>	41>	<b2></b2>	<b3></b3>	<b4></b4>	<bs><</bs>	ô
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
	AK	Adak Tel Utility		FR	40.6	4.75	4.17	0.0	49.52
									•

										0	State Exchan	<711> <a1> <a2></a2></a1>	<039> Contact Email Address - Email Address of person identified in data line <030>				- 1		- 1	(710) Broadband Price Offerings Data Collection Form	
										0.0	Re	<b1></b1>	ail Address of person identi	- Number of person identil	C should contact regarding						
										0.0	State Regulated Fees	<b2></b2>	tied in data line <030	ned in data line <0000	this data						
										0.0	Total Rates and Fees	८० व्या	> aweaver@adaktu.net			and I have	2015	ADAK TET HTTI	610080		
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					-2					0.0	Broadband Service - Broadband Service Download Speed .Upload Speed (Mbps)	\d3\							90		
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										Other, affiliate offers BB	Usage Allowance Action Taken When Limit Reached (select)	<d4></d4>								HCL Form 481. 0MB Control No. 3060-0386/OMB Control No. 3060-0819 July 2013	

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	FCC Form 481			(800) Operating Companies



ADAK TELEPHONE UTILITY WINDY CITY CELLULAR

Lifeline and Link-Up Assistance Program

SUBSCRIBER APPLICATION FORM - Document must be completed by person seeking Lifeline service

	First N	lame	Last	M.I.	Date	
	Addre	55	Temporary or Permanent	Unit#		
	Add 633		remporary or remainent	OTHE W		
	City		State	ZIP		
	Birtho	late	E-mail Address			
	Last 4	Digits of				
		Security#	Driver's License State	Driver's	License #	
Cur	rent To	elephone Service				
		I do not currently have telepho	one service			
		·	vice at the above address: Phone	# 907-		
		· · · · · · · · · · · · · · · · · · ·	eline assistance for the above line			
	(Note: Lifeline assistance is lim					
	П	•	ssistance at the above address.	· cenalar,		
	П	• •	nkup Assistance more than once a	it the sam	e residence)	
ELIG	SIBILITY	Y REQUIREMENTS – Assistance	Program Participation or Househ	old Incon	ne Level (Check A or B)	
	A. 🗆	I currently participate in or rec	ceive benefits from one or more o	of the follo	owing Programs	
			ou will need to provide proof of po			
		be accepted).		, , , , , , , , , , , , , , , , , , , ,	Бојого вис аррисаван и и	
Assi	istance	Program Participation				
		Medicaid (not Medicare)	ſ	☐ Child (Care Assistance Program	
		Food Stamps		Senio		
		Supplemental Security Income	•		en, Infants and Children's Program	
		Denali Kid Care	_		er Home Payment Assistance	
		Alaska Adult public Assistance	e program [nal School Lunch Program	
		Veterans Administration (VA)	Disability	□ Alaska	State Herring Companions	
		Pension			a State Housing Corporation's ams (Public Housing, Interest Rate	
		State of Alaska Heating Assista	ance Program	_	ction for Low Income Borrowers,	
		Alaska State Housing Corpora	tion's Federal		Investment Partnership "HOME",	
		Public Housing Assistance (Se	-		ncome Housing Tax Credit Program	,
		Low Income Home Energy Ass			r Citizen Housing Development or	
		Temporary Assistance for Nee	•			
		Alaska Temporary Assistance	Program		-	

B	here aremembers of my household and my household income is at or below 135% of th	ne Federal
	come Eligibility Thresholds. (Note: You must provide documentation verifying your household	d income.
	hen providing documents pertaining to monthly benefits or wages, customer must provide 3	consecutive
	onths of proof.)	

Income Eligibility Thresholds

Size of Household	Lifeline eligibility Level for 2012 for Alaska	Documentation of "household" income must be provided in one of the following form:
1	\$18,860	A previous year's state of federal tax return
2 3	\$25,542 \$32,225	A current income statement from an employer or 3 months of paycheck stubs
4	\$38,907	A statement of benefits from the U.S. Social Security Admin.
5 6	\$45,590 \$52,272	 A statement of benefits from the U.S. Dept. of Veterans Affairs A retirement or pension statement of benefits
7	\$58,955	An unemployment or worker's compensation statement of benefits
8	\$65,637	A federal or tribal notice of letter of participation in general
For each additional person, add	\$6,683	assistance A divorce decree or child support document
		 Any other official documentation to substantiate income "Household "means all persons who occupy a housing unit, regardless of whether they are related to each other.

Lifeline Critical Information

- Lifeline service is a government program that enables qualified low-income consumers to receive
 discounted service on either a wireless or landline phone. Qualifying consumers are limited to one
 Lifeline service per household. A household is any individual or group of individuals who live together at
 the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers. Any such violation of the one-per-household limitation constitutes a violation of federal law and will result in the subscriber's de-enrollment from the program. Defrauding a federal government program may also result in fines and/or criminal prosecution, and/or being barred from future participation in government programs.
- Lifeline is a non-transferable benefit. The subscriber may not transfer his or her benefit to any other person at any time.

Participant Responsibilities

- Subscriber will notify their carrier within 30 days if, for any reason, he or she no longer meets the eligibility requirements listed above.
- If the subscriber moves to a new address, he or she will provide that new address to their carrier within 30 days.

Tall	1 2.	- 4i -	ation

I elect to not allow the completion of outgoing toll (long distance) calls from my telephone.	(Note:	You
will not be charged a deposit to initiate service if you elect toll limitation.)		

Subscriber Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principal residence or a cellular subscriber line.
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent, rate plan brochure and Lifeline and Link-Up application.
- 5) I agree to notify ATU/WCC within thirty (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally (including financial information) pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline service.
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this application is true and correct to the best of my knowledge.

Printed Name of Applicant	
Signature of Applicant	Date

********OFFICIAL OFFICE USE ONLY******* *******OFFICIAL OFFICE USE ONLY******* *******OFFICIAL OFFICE USE ONLY******* ********OFFICIAL OFFICE USE ONLY******* ********OFFICIAL OFFICE USE ONLY******* ********PADAK TELEPHONE UTILITY AND WINDY CITY CELLULAR INTERNAL **Print Name Location
Print Name Location
Location
Location
Type of Lifeline Service Applied for:
Type of Lifeline Service Applied for:
 Link-Up benefit requested: Yes No Document reviewed for eligibility: No Date of expiration: No Name on Form matches Life line Application Yes No Address on Form matches Lifeline Application Yes No How was the document received: No Date Form was reviewed for Certification: No
 Document reviewed for eligibility: Date of expiration: Name on Form matches Life line Application Address on Form matches Lifeline Application Yes No How was the document received: Date Form was reviewed for Certification:
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How was the document received: Date Form was reviewed for Certification:
How was the document received: Date Form was reviewed for Certification:
Date Form was reviewed for Certification:
Date service was initiated:
Date service was initiated:
ATU/WCC Customer Number Assigned:

[Company/Agency Letterhead]

	Lifeline Household Worksheet
N	me e
A	dress
<u> </u>	
T	ephone Number
Lifeline I Member	government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Of a household are not permitted to receive Lifeline service from multiple telephone companies.
Your hou	ehold is everyone who lives together at your address as one economic unit (including children and people who are not related to you).
(such as and elect inheritan	you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years ider, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses edical bilis) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat city). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, es, allmony, child support payments, worker's compensation benefits, gifts, and lottery winnings.
to be bar	nd domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support lit, both people are considered part of the same household.
otner p	been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This son may or may not be a part of your household. Answer the questions below to determine whether there is more than one household it your address.
1.	Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner)YESNO
>	If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed by the control of t
>	If you checked NO, please answer question #2.
2.	Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
A.	A parentYESNO D. An adult roommateYESNO
В. С.	An adult son or daughterYESNO E. OtherYESNO Another adult relative (such as aYESNO sibling, aunt, cousin, grandparent, grandchild, etc.)
>	if you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
A	If you checked YES, please answer question #3.
3.	Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?YESNO
>	If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
>	if you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.
CERTIFIC	•
	tial the certifications below and sign and date this worksheet. Submit this worksheet to[insert company name] along with your Lifeline application.
A.	I certify that I live at an address occupied by multiple households.

I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and

Date.

may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature_

30

Study Area Name Adak Telephone Utility
Line 310
Unfulfilled Voice Service Request:
NOTE:
Adak Telephone Litility (ATLI) has no unfulfilled service requests for calendar year ending 2013

Study Area Code 610989



Operating Report for Telecommunications Borrowers $Pages\ 32-40$ $Redacted\ for\ Public\ Inspection$

Report of Independent Auditors and Consolidated Financial Statements

Pages 41 – 60

Redacted for Public Inspection

Online Certification System - E-File - USAC.org



USAC Home | High Cost Program | Search Tools | Form 481

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Wed 25 Jun 14 05:28:58 PM EDT by aweaver@adaktu.net .

SAC:

610989

SPIN:

143030419

Carrier Name: ADAK TEL UTILITY

Program Year: 2015

Return to 481 Search

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